Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

CHRONIC PAIN RECOVERY
25810 OAK RIDGE DRIVE
THE WOODLANDS TX 77380

Respondent Name

NEW HAMPSHIRE INSURANCE CO.

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-09-A370-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Requestor notes that the carrier's reduction is based upon contractual agreement. However, the HCP is not currently, nor has it in the past become a party to such an agreement."

Amount in Dispute: $1,800.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "…The carrier asserts that it has paid according to applicable fee guidelines and/or reduced to fair and reasonable. Further, the carrier challenges whether the charges are consistent with applicable fee guidelines. All reductions of the disputed charges were made appropriately."

Response Submitted by: S. Rhett Robinson, Flahive, Ogden & Latson, 504 Lavaca, Suite 1000, Austin, Texas 78701

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 29, 2008 thru November 18, 2008	97799-CP-CA	$1,800.00	$1,800.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. Texas labor Code §413.011 (d-1) sets out the requirement for carriers to provide copies of contracts.
3. 28 Texas Administrative Code §134.204 sets out the fee guidelines for the reimbursement of workers compensation specific codes, services and programs provided between on or after March 1, 2008.

4. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits
   - 45 – (45) Charges exceed your contracted/legislated fee arrangement.
   - BL – This bill was reviewed in accordance with your fee for service contract with First Health.
   - 45 – (45) This line was included on the reconsideration of this previously reviewed bill.
   - BL – This bill is a reconsideration of a previously reviewed bill.
   - BL – Additional allowance is not recommended as this claim was paid in accordance with state guidelines, usual/customary policies, or the provide [sic]

Issues

1. Did the requestor have a contracted /legislated fee arrangement?
2. Does the submitted documentation support the services billed?
3. Is the requestor entitled to additional reimbursement?

Findings

1. According to the Explanation of Benefits, the services in dispute were paid using a contracted fee arrangement. Texas Labor Code §413.011(d-3) states that the Division may request copies of each contract under which fees are being paid, and goes on to state that the insurance carrier may be required to pay fees in accordance with the Division's Fee Guidelines if the contract is not provided in a timely manner to the Division. On August 03, 2010, the respondent was asked for a copy of the contract between the informal/voluntary network and the requestor. The Division also requested documentation to support that the requestor was notified in accordance with 28 Texas Administrative Code §133.4. On August 19, 2010 the respondent submitted additional information which states, "The prior TPA was unsuccessful in obtaining a copy of the network contract." The respondent failed to provide a copy of the requested documentation. For that reason, the disputed health care will be reviewed in accordance with §134.204.
2. Review of the submitted documentation supports the services were rendered as billed, and are therefore payable under 134.204(h)(5).
3. Reimbursement for a CARF accredited facility is reimbursed at $125.00 per hour in accordance with 28 Texas Administrative Code §134.204(h). The requestor billed for 8 hours for 18 dates of service. The MAR amount is $125.00 x 8 hours (per day) = $1,000.00 x 18 (DOS) = $18,000.00 - $16,200.00 (reimbursement by the respondent) = $1,800.00. Additional reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $1,800.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $1,800.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

Signature	Pat DeVries Medical Fee Dispute Resolution Officer	October 10, 2011 Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.